

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	CV	503	08-27-01
<b>RESPONSE FORMALITY REVIEW</b>	CX	11091	10-15-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	12/9
1	12/9
2	12/9
3	12/9
4	12/9
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Claim	Date
Final	
Original	51
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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